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TO: Michigan LTCSS Advisory Commission
FROM: Andy Farmer, Chair
RE: March, 2008 Chair's Report
DATE: March 17, 2008

Chair's Reports typically given by me to you at Commission meetings have been verbal and cursory, relying on written Executive Committee notes furnished you by Office of LTC Supports & Services staff (to whom we remain most grateful). I've handled it that way during the last year for the sake of reserving precious time on our overly-packed agendas for all the more weighty issues I see more deserving of our collective energy.

My bet is you've been appreciating it. I've also been odds-making that one less document to read means one more in the packet that will get read ahead of our meetings.

My plan is to keep it that way. The exception, this month, with *this* document, is driven by the elapse of time since we last had a quorum (January '08), combined with internal activity and events, ramping up in the interim, that I know I'm going to forget to apprise you of unless I actually make a handout of it too.

So as supplemental and subsequent information from me on stuff happening since the other stuff already recorded in the most recent Executive Committee notes (provided elsewhere in your packet), your most humble Chair reports the following updates:

- Big-Time OLTCSS Leadership Changes: some of which you know, others some of you may not have heard about yet – the biggest being OLTCSS Director **Mike Head**'s acceptance of the Governor's appointment of him as Interim Deputy Director for Mental Health and Substance Abuse Administration (see DCH announcement at <http://www.michigan.gov/mdch/0,1607,7-132-8347-187477--,00.html>) effective today, and the appointment of Michigan Office of Services to the Aging Deputy Director, **Peggy Brey**, as Interim Director of the Office of Long Term Care Supports & Services, also effective today. These events were announced only middle of last week so we'll be learning mostly together how those two changes alone will impact our Commission activity in the near future. I have a first meeting with Peggy tentatively scheduled end of the week following this memo so I might have more to report at the March Commission.
- Big-Time LTCSS Advisory Commission Leadership Changes: following separate discussions over the last several weeks with individual Workgroup Chairs requesting reassignment, I have appointed Commissioner **Toni Wilson** as Co-Chair to our Quality Management System Workgroup to serve with Ex-Officio Commissioner, State LTC Ombudsman and Co-Chair, **Sarah Slocum**. I am also most grateful and excited to announce that Ex-Officio, OSA State Director, **Sharon Gire** has graciously accepted the position of Chair of our Workgroup on Public Education & Consumer Participation in the System, sharing leadership in that capacity with new OLTCSS Interim Director, **Peggy Brey**. Also, as announced recently, congratulations to all returning Commissioners who have recently been reappointed, and, welcome to new Commissioners, DLEG Ex-Officio Commissioner **Ms. Dell Alston** (succeeding Vicki Enright, who retired beginning this month) and consumer Commissioner **Raewyn J. Bower** of Grand Rapids, former president of the Hutt Valley Disabled Persons Assembly in New Zealand. She is appointed to represent primary or secondary consumers of long-term care supports and services for a term expiring December 31, 2009. She succeeds Sandra J. Kilde (who resigned last year).

- Commission Staffing Prospecting: I initiated a discussion with Mike Head to begin targeting a Workgroups staffing search the day before his job transition was announced and will take continue that discussion with Interim Director Brey.
- Commission Compliance with the Open Meetings Act: following and in response to Mike Head's distribution of a summary of the Open Meetings Act to Commissioner's in attendance at our February (non-quorum) meeting, I wrote a proposal and sent it to OLTCSS staff to consider what I think will address the suggestion we look at all our Commission's activities and the OMA compliance. My proposal boils down to the Office, on a timetable it determines, create and build a new external list serve globalized to Michigan government and interested public stakeholders and private individuals, based on the mechanisms and mailing list sign-ups currently used by the Department's Certificate of Need Commission. I could go on, but based on our Executive Orders and adopted Commission Operational Guidelines, I emphasized that this Commission, its Workgroups and everything else we publicly undertake and sustain is striving and will always continue to strive for a standard of transparency and inclusion far higher than mere compliance with the OMA, no matter how or who measures that compliance. Meanwhile, OLTCSS staff has agreed to incorporate the OMA summary document to our Guidelines.
- Executive Committee Courage, Pain & Suffering: your Executive Committee Commissioners took up even more time and heavy lifting crafting the Commission's FY '09 State Budget Position Development structuring proposed in your March packet, as well as making needed improvements to this month's draft Agenda and the 2008 Commission Proposed Schedule document (an earlier version was handed out in February), which is now revised and in your packet too. All of you owe the other members of your Executive Committee Commissioners, **Hollis Turnham, Chris Chesny, Jon Reardon and RoAnne Chaney** even more of your ongoing adulation. Their dedication surely spared you meeting products of lesser quality if those had been left just in my hands. *Your review and thoughts are still needed to make them the best possible for us to move forward on.* But in lieu of that I'm letting you know how hard and constantly they hung with me these last few weeks, helping pull what you have before you together as important pieces of the March packet.
- Transparency Concerning the March Commission Agenda's Non-Partisan Elections Impact Content: I am down for being the sole Commissioner proposing our exploration of our possible advocacy activities, as a Commission visible in the elections cycle. I am the one who identified and arranged for the speakers and presentations covering Divided We Fail and the Healthcare for Michigan Ballot Initiative. While the aforementioned non-partisan campaign movements may or may not be the only two non-partisan political opportunities this Commission might consider to engage with its public advocacy, it's really our very discussion of how this Commission could carry its advocacy for the Task Force Recommendations into the political process that I'm after, even as we assure only non-partisan positions and activity are being considered by us in the first place. For instance, at AARP, my employer and a founding national partner organization in Divided We Fail, we do much that's political without becoming partisan, following many legal rules and respecting many boundaries, including the one where we "do not target any candidates for election or others for defeat." My point, as Chair of this Advisory Commission, is the Task Force Recommendations will be brought closer to implementation much faster over time if we end up in the future with more elected officials of all parties interested in partnering up with us to tackle the many tasks at hand. But of course just because I think we can easily do this doesn't mean I am right, but I do readily step up to own whatever risk of us finding out, together, how this Commission can become a visible and effective public advocate within election cycles also.

**LONG-TERM CARE SUPPORTS & SERVICES ADVISORY
COMMISSION
EXECUTIVE COMMITTEE
MARCH 10, 2008
MINUTES**

ATTENDEES: RoAnne Chaney, Christine Chesney, Andrew Farmer, Jon Reardon, Hollis Turnham, Jackie Tichnell, Gloria Lanum

DRAFT MARCH AGENDA - Farmer distributed the draft agenda and the proposed 2008 meeting schedule. There were no comments on the February Commission meeting notes.

Suggested structure -

- Develop the Commission's stance on the budget
- Turnham requested an addition regarding Workforce Development
- Nonpartisan Election Impact Opportunities
 - Healthcare for Michigan - ballot initiative. Farmer provided a clarification of this initiative. This is in the signature stage. Justification for Commission involvement is in the Task Force Recommendations.
 - Divided We Fail - The full Commission should decide if it will support this concept.
 - Farmer will provide the appropriate documents once the speakers have been set.
 - Let Farmer know about any other nonpartisan opportunities that the Commission may discuss.

2008 PROPOSED SCHEDULE -

- A correction on the proposed document - October would not be a full Commission meeting but possible time for workgroups to meet.
- The Executive Committee agreed to presenting the proposed schedule to the full Commission.
- The September meeting may be in Detroit, pending full Commission approval. Farmer will contact the presidential candidate surrogates for representation. There would be no discussion panel or moderator; just public testimony. There would be a full Commission meeting in the afternoon.

- There was discussion regarding possible longer meetings, given fewer meeting dates. The discussion included options for lunch opportunities. Reardon indicated his facility (not HCAM) would sponsor the first lunch for the longer meetings. Maybe other representatives, where possible, would sponsor lunches. This will be brought to the full Commission for input.
- There was also discussion regarding meeting in other localities, prior to September. Farmer will request Commissioners sponsor a locality, pending logistics and transportation issues. He will solicit a different locality for the July meeting. It was suggested that the Commission consider the Upper Peninsula another year, given the budget issues.

COMMISSION FRAMING OF THE 2009 BUDGET - Farmer presented a possible framework for the Commission to consider.

- There was much discussion regarding this concept. Farmer requested the Executive Committee consider them and call him with comments. Possibly use the Task Force for guiding principles.
- Commissioners should send comments to the Finance Committee co-chairs (Chesny/Reardon) by the end of March. Farmer wants the Commission to start drafting a position on the budget with a final draft for the May meeting.

COMMISSIONER ATTENDANCE - There was discussion regarding the nonparticipation of Rev. Williams at the Commission meetings. Farmer will draft a letter to the Governor requesting an alternate to represent ASFME. Farmer will consult with Head on the process.

Governor Granholm Announces Appointments, Reappointments

February 28, 2008

LANSING - Governor Jennifer M. Granholm today announced the following recent appointments and reappointments:

Michigan Long-Term Care Supports and Services Advisory Commission

Raewyn J. Bower of Grand Rapids, former president of the Hutt Valley Disabled Persons Assembly in New Zealand, is appointed to represent primary or secondary consumers of long-term care supports and services for a term expiring December 31, 2009. She succeeds Sandra J. Kilde who has resigned.

William H. Mania of Southfield, resident council president of Medilodge in Bloomfield Hills, is reappointed to represent primary or secondary consumers of long-term care supports and services for a term expiring December 31, 2011.

Yolanda McKinney of Southfield, CEO and executive director of Caring Hearts Home Care, is reappointed to represent providers of Medicaid-funded long-term care supports and services for a term expiring December 31, 2011.

Hollis G. Turnham of Lansing, Michigan policy director of the Paraprofessional Healthcare Institute, is reappointed to represent direct-care staff providing long-term care supports and services for a term expiring December 31, 2011.

Toni E. Wilson of Waterford, former local long-term care ombudsman of Citizens for Better Care, is reappointed to represent primary or secondary consumers of long-term care supports and services for a term expiring December 31, 2011.

The Michigan Long-Term Care Supports and Services Advisory Commission was created by Executive Order 2005-14 and Executive Order 2006-4. The commission serves as an effective and visible consumer advocacy role for improving the quality of, and access to, long-term care supports and services.

These appointments are not subject to disapproval by the Michigan Senate.

**MICHIGAN LONG-TERM CARE
SUPPORTS & SERVICES
ADVISORY COMMISSION**

OPERATIONAL GUIDELINES

**Adopted
March 26, 2007**

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Broad Priorities, Agenda Setting & Planning

1. The Executive Order establishing the Commission and the Office has the implementation of the 2005 Governor's Medicaid Long Term Care Task Force Recommendations as central to their common Charge, so it these Recommendations which frame and guide all Commission priorities, agendas and planning.
2. Whereas the strength of the Task Force Recommendations, in both depth, integration and unanimous support stemmed directly from a statewide, widely-inclusive process of stakeholders, branches of State Government and the public, the Commission should endeavor to conduct its work in a manner consonant with the Task Force process model.
3. The Commission's engagement of statewide, widely inclusive groups of stakeholders, branches of State Government and the public should seek the consolidation of other public work in progress.
4. The Commission will establish workgroups and seek involvement from stakeholders, branches of State Government, the public, and the Commission.
5. These workgroups will scan the environment for both public and private work in progress that supports the actualization of the Task Force Report.
6. The workgroups will work in concert with the Office to develop strategies and advice for the use of public and private resources to address the needs and opportunities to do so.
7. The above process and its evolving structure serves as the Commission's primary policy, priority-setting and planning resource within the Task Force Recommendations; they function as the Commission's superstructure for ongoing public participation and communications in statewide education and planning.

8. Issues brought to the Commission's attention outside of this structure, whether brought by the Office, the Legislature, Public Comment, state or national events or the media should be reviewed by Commissioners and the Office (possibly Executive Committee members, if between meetings) for alignment with Task Force Recommendations; then if applicable referred to workgroups or other public individuals or bodies for development of a Commission response within its established priorities or recommend action through the reordering of priorities.
9. Planning cycles will be established and maintained for and between the Office and the Commission, and, between the Commission and what workgroups or other ongoing initiatives it undertakes. Plans for all these entities will address each of the Recommendations but may prioritize among them from year to year across the entities and subgroups so as to maximize the policy development and advocacy.

Meeting Protocols & Management

1. Commission meetings shall benchmark progress toward goals and objectives of the Commission, and the Office, for the full implementation of the Task Force Recommendations.
Commissioners and Office staff ought to be able to cite activities which serve and further such implementation at the end of each meeting – and name next steps and agenda for the next meeting to assure the Commission’s work remains on track.
2. Annual plans will map milestones of accomplishment across the yearly calendar of meetings to assure success and frame the agendas and outcomes of each meeting.
3. Annual plans will be shared with the Commission, its workgroups and the public as dynamic documents, having flexibility for adjustment of timetables according to progress or lack thereof. Revised timetables will be determined by the full Commission, either at meetings through its agenda or between meetings using the Executive Committee and/or e-mail to complete the work for distribution to workgroups and the public.
4. Annual Plans and agendas of full Commission meetings and workgroups shall be publicly posted and available at least one week before meetings, two weeks ahead is optimal. Background materials supplied to the Commission should also be posted and publicly available.
 - a. Agendas will be developed by the Chair with assistance from the Executive Committee and designated Office staff.
 - b. Minutes will be approved by the Chair with assistance from staff designated by the Office with assistance from the Executive Committee before being issued for full Commission Review and Approval.

- c. Fully Approved Commission Minutes will be publicly posted within 14 days after each Commission meeting.
5. Staffing support and assistance from the Office to the Commission will be in accordance with the Executive Order and with the Office Memorandum dated February 26, 2007 issued to the Commission at its Retreat gathering the same day. The Office Memorandum designates Gloria Lanum of the OLTCSS as the staff person Commissioners address questions and other needs related to Commission business and issues.
6. All Commissioners agree to review agendas, draft minutes and supporting materials before meetings to foster their active participation in discussions and decision-making.
7. Executive Committee meetings are convened at the pleasure of the Chair.
8. Commission members and workgroup volunteers will be encouraged to make donations of their personal, community and organizational resources at their disposal to enhance and leverage Commission and Office activities which enhance facilitation of the broader work. Such donations may include and are not limited to additional staffing, material, logistical support and coordination, meeting facilities, personal supports assistance and communications.
9. Annual planning by all Commission-related entities will target such logistical needs as part of operationalizing and sustaining their work. Office staff and the Commission Executive Committee will inventory these resource capacities, advertise specifically identified donation opportunities to the public; the Commission may delegate management of these logistics and their coordination to a special committee.
10. When the Commission or its Chair creates workgroups or committees, those workgroups or committees will receive a specific written charge of its role and responsibilities, membership,

with established deadlines for completion and submission to the full Commission for consideration. Findings or recommendations from workgroups or committees are not those of the Commission or the Chair.

- a. The ability of the Office to staff and support workgroups and committees is likely to be limited and will be determined by the Chair and the Office Director.
 - b. Meeting protocols for workgroups and committees will follow Commission protocols as closely as possible.
 - c. Effective communications between and among the Commission and its committees and workgroups will be sought.
- 11. Commission members must be present, physically or electronically, to vote. Commission members who are unable to be present may have a representative attend meetings to observe and listen to proceedings.
 - 12. Commission meetings will always include at least one time period for public comment. The Chair will manage that section of the agenda to encourage public input on all long-term care issues and to complete Commission business. (See Operational Guideline for Public Comment, page 6.)
 - 13. Commission meetings will include input from the Office.
 - 14. Commission decision-making processes are guided by the adopted “Consensus Defined” document (reprinted in full below). Any Commissioner who “blocks” a decision is obligated to explain his/her reasons for blocking Commission action at the time of voting. That same Commissioner is also obligated to work with the Chair or his/her designee to remove the “block” at the next Commission meeting.

CONSENSUS DEFINED

Excerpted from *True Consensus, False Consensus* by Bea Briggs, published in the Journal of Cooperative Living, Winter, 2001

The consensus process is a decision-making method based on values such as cooperation, trust, honesty, creativity, equality, and respect. Consensus goes beyond majority rule. It replaces traditional styles of top-down leadership with a model of shared power and responsibility.

The consensus process rests on the fundamental belief that each person/organization has a piece of the truth. Each member of the group must be listened to with respect. On the other hand, individuals/organizations cannot be permitted to dominate the group.

This is not to suggest that the consensus process presupposes or automatically confers complete peace and harmony within a group. In fact, in groups that are truly diverse, differences are both a sign of health and an invitation to creativity.

Consensus is not a panacea. It will not work in every situation. In order to invoke the power and magic of consensus, these main elements must be in place:

- Willingness to share power
- Informed commitment to the consensus process
- Common purpose
- Strong agendas
- Effective facilitation.

Procedure for Determining Consensus

In the consensus process, no votes are taken. Ideas or proposals are introduced, discussed, and eventually arrive at the point of decision. In making a decision, a participant in a consensus group has three options.

- To give consent. When everyone in the group (except those standing aside), says “yes” to a proposal, consensus is achieved. To give one’s

consent does not necessarily mean that one loves every aspect of the proposal, but it does mean that one is willing to support the decision and stand in solidarity with the group, despite one's disagreements.

- To stand aside. An individual stands aside when he or she cannot personally support a proposal, but feels it would be all right for the rest of the group to adopt it. Standing aside is a stance of principled non-participation, which absolves the individual from any responsibility for implementing the decision in question. Stand asides are recorded in the minutes of the meeting. If there are more than a few stand-asides on an issue, consensus has not been reached.
- To block. This step prevents the decision from going forward, at least for the time being. Blocking is a serious matter, to be done only when one truly believes that the pending proposal, if adopted, would violate the morals, ethics, or safety of the whole group. One probably has a lifetime limit of three to four blocks, so this right should be exercised with great care. If you frequently find yourself wanting to block, you may be in the wrong group.

Consensus decisions can only be changed by reaching another consensus.

Setting & Maintaining

Short Term Public Policy Priorities

1. The Task Force Final Report Recommendations and their source material in the Task Force's Full Workgroup Reports, taken together, establish the ongoing framing through which current public issues are scrutinized for their relative importance and their sequencing for Commission attention and action.
2. Public issues can be named and brought to the attention of the Commission by anyone at anytime and conveyed by any means; if by the public, as part of Public Comment and/or Commission-related workgroups and other activities.
3. Public issues receive Commission priority from Commission deliberation and action, based primarily on:
 - Whether attention and action on the issue by the Commission addresses implementation of one or more Task Force Recommendations.
 - Commission decisions about priorities and actions should be based on which of those leverage a greater number of Recommendations' implementation; the greater number of Recommendations that are advanced – or impeded – by the issue, the greater priority that Issue should receive.
 - Additional scanning of public issues for their potential Commission priority should factor in the following measures:
 - ✓ which are most achievable
 - ✓ which make the biggest impact (affect more people, longer lasting)
 - ✓ which have the most positive outcome
 - ✓ even if relatively unimportant, which simply cannot wait

- ✓ which are totally obvious, regardless of subjectivity or objectivity
 - ✓ those not being addressed elsewhere or receive little ongoing attention
 - ✓ those on which there is higher awareness and support
 - ✓ sustainable resources are available to tackle it
 - ✓ gut instinct or intuition ~ “it just feels right”
4. Issues selected in this way for Commission Priority may be sequenced and staggered across monthly agendas and interim activities based on success rates, outcomes and available Office and Commission resources.
 5. The sequencing and staggering of Issues evolves into a longer range Commission Agenda and provides further basis for public advocacy planning and activities.
 6. Establishment of Commission workgroups and other initiatives expands the number of priorities the Commission can adopt and the potential resources available to sustain such work and advocacy.

Commission Responses to Public Comment

1. The Office of Long Term Care Supports & Services will provide, maintain and publicize contact mailing information for the public to send correspondence they wish addressed directly to the attention of Commission.
2. Any Commission member may receive public comment from any person in any form the person chooses, whether verbally, hand-written, typed, emailed or left in voicemail at any time in a given month and at Commission meetings, other public activities and other functions of Commission-related public committees, workgroups and presentations. Comments received by Commissioners between meetings should be forwarded to the Commission Secretary and the Chair; if received in writing, the recipient Commissioner should forward copies to the Commission Secretary and Chair, retaining the original until a formal written response has been mailed to the commenter.
3. Comments received between Commissions meetings will be reported by the Secretary (or in their absence, his or her Commission designee) as part of Public Comment at ensuing full Commission meetings.
4. The Public Comment portion of Commission agendas will include Commissioner questions of commenters present and Commission deliberation as needed and desired by Commissioners and Office staff.
5. Following Commission meeting adjournment, the Commission will respond promptly in writing to each comment received; the responsibility will fall primarily to the Commission Chair; he or she may ask a Commissioner, with experience and/or expertise particularly pertinent to the comment received, to draft a response and even voluntarily sign the given response on behalf of the Commission. Copies of comments and responses will be kept on

file by the Commission Secretary, with support and assistance from Office staff.

6. Written Commission responses to public comment should include as many of the following ingredients as pertinent and possible:
 - A brief recapitulation of the issues raised by the commenter.
 - A brief recapitulation of Commission questions, discussion and verbal reactions, if any.
 - A scan of federal and state laws, regulatory systems, programs and resources, including private resources, which are or might be pertinent to the issues raised and possibly appropriate to also respond; this should stem from Commission discussion wherein the Commission may choose to refer the commenter or, at the Commission's choosing, seek permission from the commenter to make related referrals of their comment as part of a Commission inquiry to the given agency(ies) or program(s); in the latter situation the Commission shares the third party's written response with the commenter while deliberating and deciding whether the agency response indicates needs for Commission advocacy action and/or policy development.
 - Every written Commission response ought end with advocacy action steps and discussion of further opportunities for commenters to become involved or increase their involvement in organizing in their communities and building broad movements for further reform of long term care, especially those with the greatest pertinence to their issues and their systemic, backdrop causes.
 - Each Commission written and verbal response conveys the utmost respect and deep appreciation for every commenter's efforts – sometimes at great personal cost and even risk – to make their voice heard.

7. A brief report and analysis of total public comment received by the Commission will be prepared each year by a subcommittee of Commissioners and Office staff as part of the annual report; other than issues, the summary should also include geographical and whatever known demographic characteristics of commenters as a group, and, possible learnings for improving the breadth, depth and public accessibility to participate in comment to the Commission.

Single Point Entry Demonstration Evaluation and Monitoring

1. Commissioners shall proactively assure their own learning needs and understanding of Task Force Recommendations, Executive Order Charges, the ensuing Request for Proposals process, State Law, local needs and developments relative to Single Point Entry and Demonstrations are addressed on an ongoing basis.
2. New Commissioners shall specifically request that the Office orient them to the specifics of each Demonstration Contract executed. The orientation will include but not be limited to apprising Commissioners of important distinctions and variances between the respective Demonstration Contracts and resulting individual contract expectations of the Office of each respective Demonstration Contractor. Updates shall be provided to all Commissioners if/when specific contracts are modified and/or Office expectations change on specific contractors. For the purposes of 2007, all Commissioners shall consider themselves and be regarded as new Commissioners.
3. At least twice each year the Commission shall request of the Office status updates on each of the Demonstration Contractor's contract compliance and activities. The status updates shall include but not be limited to:
 - Basic data on client (consumer, callers, etc.) profiles.
 - Numbers of clients being served.
 - SPE Service Delivery Staffing.
 - Client outcomes.
 - Public Education, Marketing and Outreach Plans, Activities (including events, products, tools and other deliverables).

- Governing Boards' and Consumer Advisory Board composition, status and activities.
 - Legal and financial status.
 - Community Needs Assessment tracking activities; detail on populations, unmet needs, unmet preferences and stakeholder capacity analyses on the local provider array.
 - Internal Contractor-specific quality improvement targeting and performance-tracking.
4. Commissioners may receive from any party, including SPE Demonstration Contractors, reports on SPE Demonstration activities directly to the Commission as part of Commission processes and opportunities for Public input and Comment.
 5. Direct Commissioner SPE Demonstration site visitation shall be facilitated at least once yearly by the Chair and the Office; the more Commissioners visiting more sites the better; Commissioner site visitation should attempt, as a minimum, direct contact with consumers using SPE services, as confidentially authorized by the given consumers; the use and release of specific consumer information gained by Commissioners by such contacts, if any, shall be defined, determined and authorization denied or withdrawn at the pleasure of each specific consumer at any time; as a rule, the purpose of such Commissioner-consumer contact is not to seek such personal information but to build and maintain each Commissioner's own sensitivity and awareness of consumer experience on thematic and systemic levels.
 6. The above Guidelines establish a floor of discernment for each Commissioner evaluate Task Force Recommendation on Single Point Entry and their implementation between and among each of the following: The Executive Order, the State Law, Demonstration Contractors' the Office's and Commission positions, actions and activity on record.

7. The primary Commissioner aids to this discernment are:
 - A. The Full Task Force Workgroup "A" Report document on Single Point Entry.
 - B. The full performance evaluation tool, process and document adopted by the Office following the Commission's recommendation for this.
 - C. What Commission workgroup(s) may be focusing on SPEs and the service capacities of the provider array.
 - D. Emerging Commission and public deliberations, plus local, state and national developments regarding SPEs and long term care reform.
8. Using the above, process of discernment of SPE evaluation and advocacy, the Commission's continuing recommendations in these areas should draw from at least two primary concerns:
 - redressing what distances exist and are growing, if any, between the original Task Force Recommendations for Single Point Entry versus what actually is being implemented at the State and local levels
 - what areas and operational issues of SPEs are not adequately addressed to begin with by the Task Force Recommendation, and Full Workgroup Report on SPE itself.

Open Meetings Act Summary - PA 267 of 1976

The spirit of the Act is to make government open and accessible to the people.

The public's right to attend and participate in meetings of a public body is statutory. Provisions allow a person 1) to attend and record or telecast a meeting and 2) to speak during a public comment period under rules established by the public body.

The OMA mandates:

- that notice be given before a meeting is held,
- that minutes be prepared as a record of actions taken at the meeting
- that each meeting must include a public comment period
- when minutes must be available to the public
- that all decisions must be made in public.

Any person has a right to attend a meeting of any public body at any time unless the meeting is determined to fall under one of 10 statutory exceptions. Exceptions pertinent to the LTCSSAC:

- Social or chance gatherings not designed to subvert OMA
- Conferences
- Committees adopting non-policy resolutions “of tribute or memorial”

To determine if the OMA applies in a particular situation, you have to know whether 1) a **public body**, 2) is **meeting** to 3) **deliberate toward or make a decision** as each of those elements is defined by the OMA.

1) a public body - MCL 15.262(a) defines public body as “any state or local legislative or governing body, including a board, commissions, committee, subcommittee, authority or council that is empowered by state constitution, statute, charter, ordinance, resolution or rule to exercise governmental or proprietary authority or perform a governmental or proprietary function.” Any committee, subcommittee or other body that meets the definition of **public body** is subject to the OMA. **The LTC Supports and Services Advisory**

Commission meets the definition of a public body and is subject to the OMA. Delegating authority for decision-making, deliberations to less than a quorum or a single member of a public body (e.g., recommendation workgroups) does not avoid mandates of OMA.

- 2) **is meeting to** – MCL 15.262(b) defines a meeting as “the convening of a public body at which a quorum is present for the purpose of deliberating toward or rendering a decision on a public policy...” A regular meeting is on the schedule of meetings adopted by the body and posted within 10 days after the first meeting of the public body’s year. A special meeting is a meeting that is not in the schedule of regular meetings. A work session is defined as a meeting at which the body does not intend to vote on any business, but there is no such designation in the OMA. Work-group meetings being convened by various LTCSSAC members are not subject to the OMA, unless there would be a quorum of members of the LTC Advisory Commission present.
- 3) **deliberate toward or make decisions** – MCL 15.262(d) defines a decision as a determination, action, vote or disposition upon a motion, proposal, recommendation, resolution, order, ordinance, bill or measure on which a vote by members of a public body is required and by which a public body effectuates or formulates public policy.

What is a decision?

- Where a committee, subcommittee is empowered to act on matters in such a fashion as to deprive the full body of the opportunity to vote on the matter, the committee is exercising governmental authority that effectuates public policy and therefore is making a decision.

**LTC SUPPORTS AND SERVICES
ADVISORY COMMISSION
WORKGROUP CHARGES**

WORKGROUP ON FINANCE REFORM

Charge to Workgroup

- Review and monitor the implementation of recommendation # 9 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving the access to quality long-term care and supports through efficient long-term care finance reform.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that would adapt financing structures that maximize resources, promote consumer incentives and decrease fraud.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 9: Adapt Financing Structures that Maximize Resources, Promote Consumer Incentives, and Decrease Fraud.

Strategies / Action Steps

1. Michigan should decouple its estate tax from the federal estate tax to make more revenue available.
2. Michigan should identify sources of non-federal tax revenue that are utilized to provide LTC and support services for Medicaid consumers, and create policies and procedures that will allow these funds to be used as local match to capture additional federal Medicaid dollars for long-term care and supports.
3. The Michigan Congressional Delegation should:
 - a. Advocate for the removal of the congressional barrier imposed on the development of Partnership program by states between Medicaid and long-term care insurance.
 - b. Strongly advocate that the federal government assume full responsibility for the health care needs of individuals who are dually eligible for Medicare and Medicaid.

- c. Urge the Congress to revise the current Federal Medical Assistance Percentage (FMAP) formula to a more just methodology using Total Taxable Resources or a similarly broader measure and to shorten the time frame from the data reporting period to the year of application.
4. Subject to appropriate reviews for actuarial soundness, overall state budget neutrality, and federal approvals, Michigan should establish a mandatory estate preservation program instead of establishing a traditional Medicaid Estate Recovery Program.
5. Legislation that promotes the purchase and retention of long-term care insurance policies and that addresses ratemaking requirements, insurance standards, consumer protections, and incentives for individuals and employers should be drafted, reviewed, introduced, and enacted after review by a representative group of consumers, advocates, and providers.
6. Three specific strategies aimed at increasing the number of people in Michigan who have long-term care insurance should be implemented: a) gain federal approval for the use of the Long-Term Care Insurance Partnership Programs.; b) expand the state employees' self-funded, long-term care insurance program; and c) examine the possibility of a state income tax credit for purchase and retention of long-term care insurance.
7. Tax credits and tax deductions for the purchase of long-term care insurance policies and for "out of pocket costs" for LTC should be considered.
8. A "special tax exemption" for taxpayers who provide primary care for an eligible parent or grandparent (and possibly others) should be explored. Based upon a \$1,800 exemption proposed in legislation introduced in 2005, the Senate Fiscal Agency estimates cost to the state in reduced revenue at less than \$1M.

As an initial step, Michigan should adopt a Case-Mix reimbursement system to fund LTC services and supports. This approach sets provider rates according to the acuity mix of the consumers served. The higher the acuity, the higher the rate paid to the provider due to the resources needed to care for the consumers. As the long-term care system evolves, other appropriate funding mechanisms should also be considered and adopted.

9. Michigan should encourage and strengthen local and regional programs that support caregivers in their care giving efforts.
10. An ongoing and centralized data collection process by DHS of trusts and annuities information should continue to be used to guide the need for state regulation.

11. There should be ongoing review and strengthening, along with strict and consistent enforcement, of laws and regulations governing the inappropriate use of trusts and annuities for Medicaid eligibility.
12. There must be more frequent, vigorous, and publicized prosecution of those who financially exploit vulnerable individuals.
13. State agencies should cooperate in discovering and combating Medicaid fraud, and recovering funds paid for inadequate care.
14. New legislation for the regulation by the state of “trust mills” and annuity companies should be enacted. This legislation should address the prevention of abusive sales tactics through the implementation of insurance industry regulations, registration of out-of-state companies, and prescreening of sales materials.
15. Appropriate state agencies should analyze and quantify the relationship between public and private resources, including both time and money, spent on LTC. This analysis should be used as a way to obtain a match for federal Medicaid dollars.
16. The state should study and pursue aggressive Medicare recovery efforts.
17. Medicaid eligibility policies should be amended to:
 - a. Permit use of patient pay amounts for past medical bills, including past nursing facility bills.
 - b. Require full certification of all Medicaid nursing facilities.
 - c. Require dual certification of all nursing facilities.
18. The task force recommends full funding for an external advocacy agency on behalf of consumers accessing the array of supports and services overseen by the SPE system. Based on a conservative figure, the total budget line for this item would be \$4.3 million. Of the increase, \$2 million would be to bring the State Long-Term Care Ombudsman program into compliance with national recommendations; \$2.3 million would go to the external advocacy organization outlined in Section 8 of the Model Act.

Benchmarks

1. Increased state and federal support will be available to implement Person-Centered Plans and consumer choice options.
2. A reduction of inappropriate asset and income sheltering will be achieved.
3. Improved federal-state funding partnership will be achieved.
4. An increase in the number of Michigan citizens with LTC insurance will be achieved.

5. An adequate allocation of finances and resources across the array of supports and services will reflect informed consumer choices in the delivery of LTC services and supports.

WORKGROUP ON PERSON-CENTERED PLANNING

Charge to Workgroup

- Review and monitor the implementation of recommendation # 1 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for the Person-Centered Planning process throughout the long-term care and supports system.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that will implement Person-Centered Planning across the array of long-term care and supports.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 1: Require and Implement Person-Centered Planning Practices.

Strategies / Action Steps

The state should require and implement person-centered planning processes in statute and policy throughout the LTC system. As written in the Michigan Mental Health Code, “Person-centered planning” refers to “a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.” MCLA 330.1700(g). The process begins as soon as the person enters the LTC system and continues as the person seeks changes. Person-centered planning is designed to allow people to maximize choice and control in their lives. A consumer-chosen supports coordinator/facilitator located at each SPE (see below) will help the consumer navigate through a full range of services, supports, settings, and options.

Strategies / Action Steps

1. Require implementation of person-centered planning in the provision of LTC services and supports. Include options for independent person-centered planning facilitation for all persons in the LTC system.
2. Revise health facility and professional licensing, certification criteria, and continuing education requirements to reflect a commitment to organizational culture change, person-centered processes, cultural competency, cultural sensitivity, and other best practices.
3. Require all Single Point of Entry agencies to establish and utilize person-centered planning in their operations. Review and refine practice guidelines and protocols as part of the first year evaluation of the SPE pilot projects.
4. Include person-centered planning principles in model legislation to amend the Public Health Code.
5. Early in the implementation process, ensure the provision of training on person-centered planning to long-term care providers, regulators, advocates, and consumer.
6. Require a continuous quality improvement process to ensure continuation and future refinement of person-centered planning in all parts of the system.

Benchmarks

1. Legislation requiring person-centered planning in the provision of LTC is passed in the current legislative session.
2. By January 1, 2006, the Department of Community Health, with the involvement of stakeholders, will establish in policy a person-centered planning protocol specific to LTC consumers.
3. Person-centered planning training is developed and provided to LTC providers, regulators, and advocates.
4. By October 1, 2006, each entity providing LTC services will have person-centered policies and training in place.
5. Regulatory survey and program monitoring processes are revised to include a review of the integration of person-centered planning in supports coordination activities.

WORKGROUP ON QUALITY

Charge to Workgroup

- Review and monitor the implementation of recommendation # 7 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving the access to a quality long-term care and supports system.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that will advance the establishment a new quality management system for the array of long-term care services and supports.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 7: Establish a New Quality Management System. Align regulations, reimbursement, and incentives to promote this vision of quality and move toward that alignment in all sectors of the LTC system. Ensure that the consumer is the focus of quality assurance system.

Strategies / Action Steps

1. Develop and implement use of consumer experience/consumer satisfaction surveys and measurements.
2. Include a strong consumer advocacy component in the new system.
3. Review and analyze current performance measures (both regulatory and non-regulatory).
4. **Design performance measures that move Michigan's LTC system toward this vision of quality.**
5. **Invest quality management functions in a new Long-Term Care administration. The administration would improve quality by consolidating fragmented pieces of LTC, and defining and establishing broader accountability across the LTC array of services and supports.**
[Section 7 of the model Michigan Long-Term Care Consumer Choice and

Quality Improvement Act in the appendix discusses some of the quality management functions in detail.]Raise Medicaid reimbursement rates and other incentives so that the LTC workforce receives compensation necessary to receive quality care as defined by the consumer.

Benchmarks

1. Consumer determination of quality is the priority quality measure.
2. Person-centered planning is implemented throughout the LTC system.
3. Oversight of QM is established within LTC Commission and LTC administration.

WORKGROUP ON WORKFORCE DEVELOPMENT

Charge to Workgroup

- Review and monitor the implementation of recommendation # 8 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving the access to a quality long-term care and supports workforce.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that would encourage more effective and the high quality provision of long-term direct care, services and support.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 8: Michigan Should Build and Sustain Culturally Competent, Highly Valued, Competitively Compensated, and Knowledgeable LTC Workforce Teams that Provide High Quality Care within a Supportive Environment and are Responsive to Consumer Needs and Choices.

Strategies / Action Steps

1. Develop within the Michigan Works! Agencies (MWA) network, recruitment and screening protocols and campaigns that meet the needs of employers and job seekers.
2. Recast the state's Work First program to recruit, screen, train, and support individuals who demonstrate the desire, abilities, and commitment to work in LTC settings.
3. Develop recruitment campaigns to attract men, older workers, people of diverse cultural backgrounds, and people with disabilities to long-term care careers.
4. Mobilize state agencies' activities to include the research, exploration, explanation, and promotion of career opportunities in long-term care.
5. Improve and increase training opportunities for direct care workers to allow for enhanced skill development and employability.

6. Increase training opportunities for employers to improve supervision and create a positive work environment.
7. Reduce the rates of injury and exposure to hazardous materials to protect the current workforce and encourage new workers to join this workforce because of the sector's safety record.
8. Raise Medicaid reimbursement rates and other incentives so that the LTC workforce receives compensation necessary to receive quality care as defined by the consumer.
9. Expand the ability of all long-term care employers and their employees, particularly their part-time employees, to access affordable health care coverage for themselves and their families.
10. The Department of Human Services (DHS), Michigan Department of Community Health (MDCH), Michigan Office of Services to the Aging (OSA), Department of Labor and Economic Growth (DLEG) and other state agencies should work collaboratively to identify standards and benchmarks ensuring that direct care workers are key partners and team members in providing quality care and supports.
11. Develop health professional curricula and reform current practice patterns to reflect the changing needs of the population. Recognize the unique needs of the elderly; people with chronic health problems; people approaching end-of-life; people of all ages with disabilities; and those in need of rehabilitative and restorative services across LTC and acute care settings.
12. LTC administration will track employment trends, including turnover rates.

Benchmarks

1. Measurable increase in LTC employer use of MWA services and in LTC employer hiring of Work First participants.
2. More qualified Work First participants are recruited and successfully employed in the LTC industry, while continuing their education for entry into licensed occupations.
3. Higher compensation packages and increased training opportunities.
4. Continuously and incrementally reduced turnover rates over the next decade.
5. All people working in LTC have access to affordable health care coverage.
6. Increased use of creative management and workplace practices.
7. Use of data and consumer satisfaction to inform a system of services, state policies, and employer practices that result in consumer-driven outcomes.

8. Increased opportunities and incentives for LTC employers and their supervisory personnel to improve supervisory and leadership skills to create positive workplace environments and relationships to reduce turnover.

WORKGROUP ON PREVENTION

Charge to Workgroup

- Review and monitor the implementation of recommendation # 5 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving the quality of, and access to, prevention activities particularly in the area of informal caregiver support, healthy aging, and chronic care management.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that would encourage more effective provision of prevention activities particularly in the area of informal caregiver support, healthy aging, and chronic care management.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 5: Support, implement, and sustain prevention activities through (1) community health principles, (2) caregiver support, and (3) injury control, chronic care management, and palliative care programs that enhance the quality of life, provide person-centered outcomes, and delay or prevent entry into the LTC system.

Strategies / Action Steps

Develop a DCH workgroup comprised of legislators, MSA, OSA, DHS, stakeholders / consumers, and others to oversee the collaborative process involving local public health entities engaged in prevention/chronic care. Under the direction of the DCH-led workgroup, local entities will:

1. Convene a broad-based coalition of aging, disability, and other organizations.
2. Review community resources and needs (including prevention, chronic care, and caregiver supports).

3. Identify existing local, culturally competent strategies to address prevention, chronic care needs, and substance abuse.
4. Develop and support programs to address prevention, chronic care, and caregiver supports.
5. Promote the use of culturally competent caregiver training on injury prevention, rights and benefits, and person-centered planning.
6. Develop wrap-around protocols for caregiver/consumer support needs.
7. Develop a public health caregiver support model.
8. Create initiatives and incentives to support caregivers.
9. Identify and promote the use of elements of established models for chronic care management and coordination (e.g., Wagner or ACOVE model).
10. Create incentives for implementing culturally competent chronic care models and protocols.
11. Develop and implement chronic care protocols, including, but not limited to:
 - a. medication usage.
 - b. identifying abuse and neglect, caregiver burnout/frustration.
 - c. caregiver safety and health.
12. Promote the use of Assistive Technology (AT) for consumers and direct care workers/caregivers as a prevention tool.
13. Investigate grant opportunities to pilot chronic care management models.

Benchmarks

1. Needs assessments are conducted and gap analysis reports are completed and reviewed.
2. Local and statewide groups complete plans to address local health and wellness gaps.
3. Executed contracts in place with local existing entities, which are broad-based (including the aging and disability community) to address gaps.
4. Completed workgroup report evaluating progress, outcomes, and identifying next steps.
5. Every local region has a program in place to train caregivers that is culturally competent to the needs and culture of the informal caregiver.
6. Consumer supports are increased and better utilized.
7. Caregiver needs screening incorporated into Medicaid-funded screening instruments.
8. Upon retrospective review, address caregiver needs.
9. Registries completed with processes in place for ongoing updates.
10. Legislative and administrative initiatives are in place and used.

11. Increase in the number of primary and LTC providers trained and adopting the best chronic care and culturally competent models.
12. Medical schools and nursing/ancillary healthcare programs expand their curricula to include chronic care.
13. Increased numbers of students graduating from schools with established chronic care curricula/programs.
14. Increased number of providers using screens and protocol-driven interventions.
15. Increased use of assistive technology as reflected in the person-centered plan.

WORKGROUP ON PUBLIC EDUCATION AND CONSUMER INVOLVEMENT

Charge to Workgroup

- Review and monitor the implementation of recommendation # 4 of the Medicaid Long-Term Care Task Force.
- Engage their members, volunteers, and constituencies in advocacy for the successful implementation of the Task Force recommendations.
- Assist the Commission in being an effective and visible consumer advocate for improving access to a quality array of long-term care, services, and supports.
- Present findings and recommendations regularly to the Commission for next steps and potential changes in policy that promote meaningful consumer participation and education.
- Ensure all recommendations:
 - Involve consumers and broad public participation in planning.
 - Promote an array of long-term care services and supports.
 - Promote the concept of money (funding) following the person to wherever that person chooses to live.
 - Assure evaluation is addressed.
 - Assure consistency with the overall commission process for statewide impact.

Background

Task Force Recommendation # 6: Promote Meaningful Consumer Participation and Education by Creating a Long-Term Care Commission and Informing the Public about the Available Array of Long-Term Care Options.

Strategies / Action Steps

Create a Michigan Long-Term Care Commission to provide meaningful consumer oversight and accountability to the state's reform and rebalancing of the long-term care system.

Recommended Actions

All stakeholders will have meaningful roles in the ongoing planning, design, implementation, and oversight efforts to achieve the recommendations of the Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants.

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Michigan Medicaid Long-Term Care Task Force and the long-term care efforts of the state. Consumers, families, and their representatives will be the principal participants.

Educate consumers, families, service providers, and the general population about the array of long-term care options available so that consumers can make informed choices and plan for the future.

The goals of the public awareness and education campaign are:

1. Increase awareness of the SPE agencies through uniform “branding” of local agencies throughout the state (with uniform naming and logo, a single web site, and a geo-routed toll free number).
2. Increase awareness among consumers, prospective consumers, providers, faith-based communities, other community organizations, neighbors, friends, and family members of LTC services that consumers can choose from the array of LTC supports, determine their needs through the person-centered planning process, and have the option to control and direct their supports.
3. Authorize continuing education for professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) on the role of the SPE agency, the value of the person-centered planning process, the array of long-term supports available, and options for consumers to direct and control their supports. These professionals can direct individuals to the single point of entry and support them in making informed choices and planning for their future.
4. Assure that state employees involved in any aspect of LTC are provided mandatory training on the value of the person-centered planning process, the array of LTC supports available, and options for consumers to direct and control their supports.
5. Provide an orientation to legislators and their aides and officials in the executive branch on the value of person-centered planning, the array of long-term supports available, and options for consumers to direct and control their supports.
6. Create an educational program for children K-12 to learn about career opportunities in direct care and other aspects of LTC, and the components of the new LTC system (the array of long-term care supports available, the value of the person-centered planning process, and options for consumers to direct

and control their supports) so that children can share this information with their family members.

Strategies / Action Steps

1. Develop criteria for and authorize hiring of a social marketing firm to develop a marketing and public awareness campaign that includes the following components:
 - a. Uniform identity including name and logo for the single point of entry agencies;
 - i. Public awareness campaign that includes radio and television public service announcements, print ads, brochures, and other appropriate educational materials; and
 - ii. Local media and awareness tool kit that single point of entry agencies can use to outreach to and raise awareness among all stakeholders.
2. Develop criteria for and authorize hiring of a web design firm and an expert in creating materials for the targeted populations (e.g., seniors and people with a variety of disabilities) to design an informative, user friendly web site that can serve as a single point of information regarding LTC in Michigan. This web site will maintain the look, name, and logos developed for the marketing and public awareness campaign. The web site will include comprehensive information on LTC, have well-developed keywords and navigation capabilities, and be linked to major search engines and other relevant web sites in a way that makes them easily accessible.
3. Establish criteria for and authorize the development of curricula for education of professionals (including doctors, nurses, pharmacists, dentists, psychologists, administrators of LTC facilities, discharge planners, social workers, and certified nursing assistants) that can be included in academic programs and continuing education requirements for licensing and/or certification and will be implemented over time.
4. Establish criteria for and authorize development of a variety of training and educational materials targeted to the specific groups described above (state employees involved in long term care, legislators and their aides, and children K-12).

Benchmarks

1. Development of campaign materials including radio and television public service announcements, print ads, brochures, and other appropriate educational materials.
2. Dissemination of campaign materials:

- a. Measured by number of media placements and numbers of materials distributed.
 - b. Measured by the impact as identified by consumers, family members, and professionals that interact with the Single Point of Entry agencies.
3. Development of curricula targeted to the identified professional and educational groups.
4. Implementation of curricula targeted to the identified professional and educational groups.
5. Measured by the number of individuals that complete a curriculum or other educational program.
6. Measured by the referrals to the SPE by the professionals.
7. Measured by consumer reporting of the content of the professional interaction (i.e., if and how the professional made a referral to the SPE and whether the professional described the potential for consumer choice and control).

MICHIGAN LONG-TERM CARE SUPPORTS AND SERVICES ADVISORY COMMISSION

MEMBERS

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YOU'RE INVITED!

***PLEASE JOIN US IN CONTINUING STATE LONG TERM CARE
REFORM IMPLEMENTATION POLICY DEVELOPMENT AND
ADVOCACY
BASED ON THE 2005 MICHIGAN MEDICAID LONG TERM
CARE TASK FORCE FINAL REPORT RECOMMENDATIONS****

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Please feel free to contact any of the people above directly for information on subject matter, agendas, meeting schedules, locations, related volunteer opportunities, and, tell them if you wish to be added to their workgroup information distribution list. Joining multiple workgroups is allowed and encouraged! Be advised no arrangements are currently planned for participation via teleconferencing and indicate to each given Chair (or Co-Chair) whether you wish to participate by email only. Every effort will be made to make Workgroup meetings widely and fully accessible. Distribute this invitation flyer and spread the word to all other networks and communities you are involved in to make these Workgroups as strong as possible and improve their results!

For more information on Michigan's Long Term Care Supports & Services Advisory Commission, *copies of *Modernizing Michigan Medicaid Long-Term Care -- Toward an Integrated System of Services and Supports* and other information on the many efforts to reform long term care undertaken through the Michigan Office of Long Term Care Supports and Services, go to <http://www.michigan.gov/ltc>.

LTC Advisory Commission

Rev 3/3/2008

Commission Members

Commissioner

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Term Expires: December 31, 2009.

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Term expires: December 31, 2008.

LTC Advisory Commission

Rev 3/3/2008

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LTC Advisory Commission

Rev 3/3/2008

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Term expires: December 31, 2010.

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LTC Advisory Commission

Rev 3/3/2008

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TO: Michigan LTCSS Advisory Commission
FROM: Andy Farmer, Chair
RE: Commission FY '09 Budget Position Development Process Proposal
DATE: March 17, 2008

Your Commission Executive Committee and I propose an approach to establishing our public position of advocacy for the 2009 Department of Community Health Budget allocations which attempts real-time inclusion of your input, mostly via email exchange, so we might better make our legislative impact in time for that impact to have a meaningful result. Lack of a February quorum has put us behind the eight-ball in making our Voice heard so I feel we need to take some chances now with our process.

Hoping to speed this along we are first proposing new framing of our position which, if you agree with it, will facilitate the drafting and your eventual approval of a final letter to the Senate Appropriations Committee – if not the entire legislature – by sorting out and setting aside issues not properly concerned with the appropriations process. I think this is a big deal so please give the framing below your most careful thought. It or what framing we do decide on will be provided as part of our subsequent call for input to the Commission document to come: a new Commission letter to the Michigan Legislature.

Framing for Proposed Letter's Substantive Content:

- Building on established Commission public position of full funding for the entire array...
- Building on established Commission and Task Force positions and principles advocating full Consumer Choice and Money Follows the Person...
- New Call to Action: Put an End to Pitting Services and Settings & Their Providers Against One Another for State Funding Allocations.
- ...includes ending pitting behavior and practices which take the form of advocates, providers and state officials challenging each other's rationale and data they gather and use to support funding proposals among services and settings sectors. Those challenges are often valid, but those debates belong elsewhere, as follows...
- New Call to Action: debate about how individual providers and settings spend and account for their State allocations and reimbursement belong in a State Quality Management System policy development process -- per that Task Force Recommendation and possibly its future, separate Workgroup activity – NOT in the Appropriations process. We as the Michigan LTCSS Advisory Commission call attention to:
 1. The T.F. Quality Management System recommendations; we issue a call to action to reconvene that public implementation policy development; design and build solutions which establish an individual and systemic provider fiscal and quality accountability system which maximizes resources, efficiencies and outcomes.
 2. It's time we took these challenges into a properly separate domain, properly bounded by the Task Force Final Report, so that such challenges can move forward with new integrity and a centrist discipline. Thus

facilitated by the rigor of a transparent, inclusive and publicly accountable process dynamic, we can build new Michigan policy which not only has the capacity to keep all these challenges much more honest, but begins to rationalize a System of information and data globalized for the Array which ought to lay most of those challenges finally to rest.

3. The forthcoming Commission Quality Management System Workgroup is one option for convening that new State policy development process.
 4. That Workgroup's interface with related activities continuing in the Commission's Finance Workgroup is anticipated.
- FY'09 Budget Position tentative translations:
 1. Restore the community based supports and services spending enhancements from the Governor's original budget proposal for DCH.
 2. Assure all facility and community based providers may have a reasonable operating margin, allowing for capital investment, wages and benefits sufficient to recruit and retain competent staff to meet the needs of the clients.
 3. Provide for sufficient numbers of providers to assure access to care.
 4. In doing so we must uphold the principles of money follows the person and person centered planning, seeking once again a rolled up long term care line item to facilitate those.
 5. Accomplish funding restorations and the other enhancements from outside the Community Health line; target revenue from elsewhere in State spending proposals; no cutting of or from any Medicaid, health and long term care services to fund other Medicaid, health or LTC services.

The management of the Commission letter's development will fall to Workgroup Finance Co-Chairs, Jon Reardon and Chris Chesny, who will also provide an opportunity for input to their Workgroup's list serve. Once they have a second draft ready, according to the timetable sequence drafted below, that will be issued to the full Commission list for your final input and/or approval.

On the other hand, they will apprise the Executive Committee if it appears so much dissent exists among commenters to their first draft that consensus support of a redraft(s) via email seems unlikely, in which case we head back to the drawing boards.

So consider the following carefully too, not just for its own sake, but for your sake as changes desired possibly begin to affect separate Commission action proposed concerning our 2008 Proposed Meeting Schedule (separate handout in March Packet). If the schedule below does not work we are clearly left with deciding something at the May 21st Commission, which may or may not be too late to affect the Senate process further.

Commission Sequence & Timetable Proposed to Produce and Deliver the Letter:

- A. Present Commission FY'09 State Budget Position Development Process proposal as an action item at the March 24 Commission, laying out the above framing and this sequence, as follows...

- B. All Commissioners asked to chime in their initial concerns and positions to Finance Workgroup Co-Chairs, Jon and Chris, by close of business, Friday March 28, 2008.
- C. Finance Workgroup Co-Chairs draft a written Commission FY'09 position letter to the Senate Appropriations Committee based on the framing and feedback received.
- D. First full draft issued to Commission list serve by close of business on Friday, April 4 for comment; comment deadline announced to be close of business on Thursday, April 10.
- E. Second draft written drawn on newest feedback by Finance Workgroup and issued to Commission list for final comment by close of business, Tuesday, April 15; final comment deadline announced to be close of business on Friday, April 18.
- F. Final Draft is prepared and presented at the April 28 Commission for action. BUT if no April Commission meeting is scheduled (per March Commission Action), AND sufficient consensus language has been reached from the email exchanges to date, (as determined by the Executive Committee based on April 25 comments received), a Final version will be drawn up, signed by the Commission Chair and delivered to the full Senate Appropriations membership on or before Wednesday, April 30.

Note how the above timetable accelerates. I base that on an assumption that if wide support of an early draft is apparent, fewer edits and changes will be needed thereafter to produce a final draft.

I know this is a lot to consider, and yes, it would've been nice if we could have begun working this out in February, but as it is, we're up against it now. (Hey, you always dreamed of becoming a commissioner, right?) So I even more look forward to learning of your wisdom, concerns and ideas for ratifying what our direction will become on this most urgent subject at our March gathering.

PROPOSED 2008 LTCSS ADVISORY COMMISSION SCHEDULE
[Revised March, 2008]

Commission Workgroups and their committees will meet year-round (especially during the months between full Commission meetings) based on their own schedules, which will continue to be posted on the OLTCSS Web Page, publicized elsewhere and remain open for public participation.

Full Commission meetings will feature morning and afternoon sessions with a lunch break (brought in) and an afternoon break, occurring as follows...

☼ **March 24:** Commission Non-Partisan Election Impacts Discussion, FY'09 Budget, Workforce and PCP Workgroups Action Items

☼ **May 19:** FULL DAY
Workforce Workgroup Recommendations & SPE Demonstrations Review
LUNCH SPONSORED BY HOYT NURSING & REHABILITATION FACILITY

☼ **July 28:** FULL DAY

<i>Commission ON THE ROAD to...Grand Rapids, Muskegon, Gaylord?</i>

☼ **September 22:** FULL DAY

<i>Commission ON THE ROAD to...Detroit?</i>

Elections Impact A.M. Hearing (See Below)

☼ **November 24:** FULL DAY
SPE Demonstrations Review

<i>2009 Commission ON THE ROAD to...the Upper Peninsula?</i>
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DRAFT SEPTEMBER HEARING FRAMING – NOT A “TOWN HALL”
September 22, 2008 LTCSS Advisory Commission Elections Impact Hearing:
What Are Voters Looking For in Long Term Care Reform?

- Testimony from voters on what voters want Presidential candidates to do about LTC.
- Testimony from voters on Michigan's Health Ballot Initiative if it gets on the November 2008 ballot: why does Michigan need to get it enacted?
- Presidential Candidate Surrogates respond to T.F. Recommendations (15 minutes each followed by Commissioner Q&A).

Person Centered Planning Workgroup

Memorandum

To: Andrew Farmer, Chair of the Long Term Care Supports and Services Advisory Commission and Commissioners

Fr: Person Centered Planning Workgroup and Dohn Hoyle and Denise Rabidoux Commissioners

Da: March 17, 2008

Re: Civil Rights in Guardianship: House Bill 5499

The workgroup is writing to address a very disturbing trend, the dissipation of the rights of individuals under guardianship. As adults, individuals are guaranteed basic rights and freedoms under the Bill of Rights. Individuals under guardianship should not have these rights taken away. In addition, these individuals also have rights enumerated under the Estates and Protected Individuals Code. Historically, individuals appointed a guardian are not always able to enjoy the rights which we believe are protected and should be honored.

Guardians have denied the individuals they are appointed to support, the right to have visits or receive calls and mail from family members or friends, to attend religious services of their choice or to be visited by their chosen spiritual resource or chosen clergy. We also believe that there are numerous instances when individuals who have been appointed a guardian have not been consulted in advance of major medical treatments. Oftentimes, placement decisions are made by guardians without allowing the individual to provide input into the decision. Most concerning, is the number of times an individual with an appointed guardian has been denied access to financial information or information held by the probate court in the State of Michigan.

We are concerned as a workgroup committed to furthering the actualization of a person centered approach that individuals who have guardians are not being treated with dignity and respect.

House Bill 5499 titled "The Michigan Guardianship Civil Rights Act" was introduced in order to guarantee that methods being created that dictate and assure continued involvement by the individual despite the appointment of a guardian. Many of these rights defined above remain rights that all individuals are entitled to and are rights that should be protected. Recently, a substitute House Bill was introduced that identifies a long list of civil rights that are to be protected but unfortunately, once again these rights are hindered and altered by language that indicates that these rights can be restricted by a

court order “upon good cause shown”. The “good cause” shown or demonstrated at the time of determination could be as simple as determining that the exercise of the right is “impractical” or that it would be “detrimental”. Other “loop holes” allow for decisions to be made that are counter to an individual’s ability to exercise their rights just because such rights may be interpreted as being “an unreasonable burden on the ward’s estate”. Finally, there also appears an alarming clause that states “or any other reason that the court determines in its discretion necessitates restriction of the right”.

Plainly, under the substitute House Bill, these qualifiers would be open to varying interpretations and unfettered judicial discretion. Despite the long enumeration of rights, the result of the substitute bill could be that it will become *easier* not harder to take such rights away from the individual.

Probate courts spend little time on guardianship matters. Studies have shown that hearings last an average of less than two (2) minutes. It is difficult for persons in institutions or those with disabilities to obtain, complete and return the court forms required to even obtain the two (2) minute hearing. Persons under guardianship should not have to struggle against even greater odds and obstacles to be guaranteed their basic civil rights.

In conclusion, the Person Centered Planning Workgroup requests that the Long Term Care Supports and Services Advisory Commission take an official position in favor of the original House Bill 5499 and against the substitute bill. We are enclosing an electronic version of the HB 5499 and the substitute bill for your review.

HOUSE BILL No. 5499

December 1, 2007, Introduced by Reps. Robert Jones, Rocca, Meadows, Simpson, Constan, Clack, Polidori, Alma Smith, Warren, Lemmons, Hopgood, Ball, Griffin and Dean and referred to the Committee on Senior Health, Security, and Retirement.

A bill to amend 1998 PA 386, entitled
"Estates and protected individuals code,"
(MCL 700.1101 to 700.8102) by adding section 5306a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 SEC. 5306A. (1) AN INDIVIDUAL FOR WHOM A GUARDIAN IS APPOINTED
2 UNDER SECTION 5306 RETAINS ALL OF THE FOLLOWING RIGHTS:

3 (A) TO A CONTINUING REVIEW OF THE NEED FOR THE GUARDIANSHIP AS
4 PROVIDED IN SECTION 5309.

5 (B) TO BE RESTORED TO CAPACITY AT THE EARLIEST POSSIBLE TIME.

6 (C) TO BE TREATED HUMANELY, WITH DIGNITY AND RESPECT, AND TO
7 BE PROTECTED AGAINST ABUSE, NEGLECT, AND EXPLOITATION.

8 (D) TO HAVE A QUALIFIED GUARDIAN.

9 (E) TO BE FREE FROM PHYSICAL OR CHEMICAL RESTRAINTS, EXCEPT AS
10 REQUIRED TO TREAT MEDICAL SYMPTOMS, AS AUTHORIZED IN WRITING BY A

1 PHYSICIAN.

2 (F) TO REMAIN AS INDEPENDENT AS POSSIBLE, INCLUDING HAVING THE
3 INDIVIDUAL'S PREFERENCE AS TO PLACE AND STANDARD OF LIVING HONORED.

4 (G) TO ATTEND ONLY THOSE RELIGIOUS SERVICES OF THE
5 INDIVIDUAL'S CHOICE.

6 (H) TO HAVE ACCESS TO NEWSPAPERS, MAGAZINES, BOOKS, AND OTHER
7 MEDIA.

8 (I) TO MAINTAIN POSSESSION OF FAMILY PHOTOGRAPHS AND MOVING
9 IMAGES, IN ANY MEDIUM, LEGAL PAPERS, ADDRESS BOOKS, AND FAMILY
10 HEIRLOOMS.

11 (J) TO RECEIVE PRUDENT FINANCIAL MANAGEMENT AND TO BE INFORMED
12 HOW THE INDIVIDUAL'S PROPERTY IS BEING MANAGED.

13 (K) TO BE FREE FROM DISCRIMINATION BECAUSE OF THE PERSON'S
14 INCAPACITY.

15 (L) TO HAVE ACCESS TO THE COURTS AND TO LODGE COMPLAINTS WITH
16 GOVERNMENTAL AGENCIES, HEALTH CARE FACILITIES, AND THE COURTS,
17 WITHOUT REPRISAL.

18 (M) TO HAVE ACCESS TO AND TO MEET PRIVATELY WITH LEGAL
19 COUNSEL.

20 (N) TO MEET PRIVATELY WITH THE INDIVIDUAL'S SPOUSE.

21 (O) IF RESIDING IN A LICENSED LONG-TERM CARE FACILITY, TO BE
22 VISITED BY REPRESENTATIVES OF THE STATE LONG-TERM CARE OMBUDSMAN
23 ESTABLISHED UNDER SECTION 6 OF THE OLDER MICHIGANIANS ACT, 1981 PA
24 180, MCL 400.586, AND OF ANY AGENCY DESIGNATED TO IMPLEMENT
25 PROTECTION AND ADVOCACY PROGRAMS UNDER SECTION 931 OF THE MENTAL
26 HEALTH CODE, 1974 PA 258, MCL 330.1931.

27 (P) TO RECEIVE NOTICE OF ALL PROCEEDINGS.

1 (Q) TO PRIVACY.

2 (2) UNLESS SPECIFICALLY RESTRICTED BY COURT ORDER UPON GOOD
3 CAUSE SHOWN, AN INDIVIDUAL FOR WHOM A GUARDIAN IS APPOINTED UNDER
4 SECTION 5306 RETAINS ALL OF THE FOLLOWING RIGHTS TO THE EXTENT
5 ALLOWED BY LAW:

6 (A) TO ASSOCIATE WITH INDIVIDUALS OF HIS OR HER CHOICE,
7 INCLUDING MEETING PRIVATELY WITH FAMILY OR FRIENDS.

8 (B) TO SEND AND RECEIVE MAIL, INCLUDING ELECTRONIC MAIL,
9 UNOPENED.

10 (C) TO MAKE AND RECEIVE TELEPHONE CALLS, IN PRIVATE.

11 (D) TO ATTEND SOCIAL GATHERINGS, CULTURAL EVENTS, OR MEETINGS
12 OF COMMUNITY GROUPS.

13 (E) TO SEEK AND RETAIN GAINFUL EMPLOYMENT AND PARTICIPATE IN
14 VOLUNTEER ACTIVITIES.

15 (F) TO PERSONALLY APPLY FOR GOVERNMENT BENEFITS.

16 (G) TO HAVE A DRIVER LICENSE.

17 (3) WITHIN 7 DAYS AFTER BEING APPOINTED, A GUARDIAN SHALL
18 INFORM THE WARD ORALLY AND IN WRITING OF HIS OR HER RIGHTS
19 ENUMERATED IN THIS SECTION.

20 (4) THE ENUMERATION OF RIGHTS IN THIS SECTION DOES NOT
21 PRECLUDE OTHER RIGHTS BEING RETAINED BY AN INDIVIDUAL FOR WHOM A
22 GUARDIAN IS APPOINTED.

23 (5) VIOLATION OF A RIGHT ENUMERATED IN THIS SECTION BY A
24 GUARDIAN IS CAUSE FOR REMOVAL OF THE GUARDIAN IN A PROCEEDING UNDER
25 SECTION 5310.

26 (6) IF A COURT FINDS THAT A GUARDIAN HAS VIOLATED A RIGHT
27 ENUMERATED IN THIS SECTION, THE COURT SHALL CONSIDER WHETHER THE

1 GUARDIAN HAS VIOLATED THE RIGHTS OF ANY OTHER INDIVIDUAL FOR WHOM
2 THE GUARDIAN SERVES AS A GUARDIAN. IF THE COURT DETERMINES THAT THE
3 GUARDIAN HAS VIOLATED THE RIGHTS OF ANOTHER WARD, THE COURT SHALL
4 TAKE APPROPRIATE ACTION, WHICH MAY INCLUDE REMOVING THE GUARDIAN AS
5 GUARDIAN FOR OTHER INDIVIDUALS AND PROHIBITING THE GUARDIAN FROM
6 BEING APPOINTED AS GUARDIAN IN THE FUTURE.

Michigan Guardianship Civil Rights Act

HOUSE BILL No. _____

A bill to amend Act No.386 of the Public Acts of 1998,
entitled as amended,
“Estates and protected individuals code,”
as amended, being sections 700.1101 to 700.8102 of the Michigan Compiled Laws, by
adding section 5306a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

Section 1. Act No. 386 of the Public Acts of 1998 , as amended, being sections
700.1101 to 700.8102 of the Michigan Compiled Laws, is amended by adding section
5306a to read as follows:

SEC. 5306a. (1) AN INDIVIDUAL FOR WHOM A GUARDIAN IS
APPOINTED UNDER SEC. 5306, RETAINS ALL THE FOLLOWING RIGHTS:

- (A) TO BE TREATED WITH DIGNITY AND RESPECT.
- (B) FREEDOM OF SPEECH.
- (C) FREEDOM OF RELIGION, INCLUDING THE RIGHT TO ATTEND
ONLY THOSE RELIGIOUS SERVICES OF THE INDIVIDUAL’S CHOICE.
- (D) PRIVACY.
- (E) ACCESS TO NEWSPAPERS, MAGAZINES, BOOKS, AND OTHER
MEDIA.

(F) FREEDOM FROM PHYSICAL OR CHEMICAL RESTRAINTS, EXCEPT THOSE REQUIRED TO TREAT MEDICAL SYMPTOMS, AS AUTHORIZED IN WRITING BY A PHYSICIAN.

(G) WHENEVER MEANINGFUL COMMUNICATION IS POSSIBLE, TO BE CONSULTED BY THE GUARDIAN BEFORE A MAJOR DECISION IS MADE.

(H) IF THE SPOUSE CONSENTS, TO MEET PRIVATELY WITH HIS OR HER SPOUSE.

(I) TO MAINTAIN POSSESSION OF FAMILY PHOTOGRAPHS AND MOVING IMAGES, IN ANY MEDIUM, LEGAL PAPERS, ADDRESS BOOKS AND FAMILY HEIRLOOMS.

(J) IF RESIDING IN A LICENSED LONG TERM CARE FACILITY, TO BE VISITED BY REPRESENTATIVES OF THE LONG TERM CARE OMBUDSMAN AND MICHIGAN PROTECTION AND ADVOCACY SERVICE .

(K) TO LODGE COMPLAINTS WITH GOVERNMENT AGENCIES, HEALTH CARE FACILITIES, AND THE COURTS, WITHOUT REPRISAL.

(L) TO RECEIVE A COPY OF EACH ANNUAL REPORT OF THE GUARDIAN AND EACH ANNUAL ACCOUNT FILED WITH THE PROBATE COURT, FOR WHICH HE OR SHE IS AN INTERESTED PERSON.

(M) SUBJECT TO SECTION 5310(3), TO PETITION OR REQUEST THE PROBATE COURT FOR AN ORDER REMOVING THE GUARDIAN, APPOINTING A SUCCESSOR GUARDIAN, MODIFYING THE GUARDIANSHIP'S TERMS, OR TERMINATING THE GUARDIANSHIP.

(N) TO FILE IN PROBATE COURT AN OBJECTION TO AN ACCOUNT OR ANY OTHER ACTION OF A FIDUCIARY.

(O) TO SEEK AND MEET PRIVATELY WITH LEGAL COUNSEL.

(2) UNLESS SPECIFICALLY RESTRICTED BY COURT ORDER UPON GOOD CAUSE SHOWN, AN INDIVIDUAL FOR WHOM A GUARDIAN IS APPOINTED UNDER SECTION 5306 RETAINS THE FOLLOWING RIGHTS:

(A) ASSOCIATING WITH INDIVIDUALS OF HER OR HIS CHOICE, INCLUDING MEETING PRIVATELY WITH FAMILY OR FRIENDS.

(B) SENDING AND RECEIVING MAIL, INCLUDING ELECTRONIC MAIL, UNOPENED.

(C) MAKING AND RECEIVING TELEPHONE CALLS, IN PRIVATE.

(D) ATTENDING SOCIAL GATHERINGS, CULTURAL EVENTS, OR MEETINGS OF COMMUNITY GROUPS.

(E) SEEKING AND RETAINING GAINFUL EMPLOYMENT AND PARTICIPATING IN VOLUNTEER ACTIVITIES.

(3) WITHIN 7 DAYS AFTER THE APPOINTMENT, A GUARDIAN SHALL INFORM THE INDIVIDUAL ORALLY AND IN WRITING OF HIS OR HER RETAINED RIGHTS SET FORTH IN SUBSECTIONS (1) AND (2).

(4) THE ENUMERATION OF CERTAIN RIGHTS IN SUBSECTIONS (1) AND (2) DOES NOT PRECLUDE OTHER RIGHTS BEING RETAINED BY AN INDIVIDUAL FOR WHOM A GUARDIAN IS APPOINTED.

(5) VIOLATION OF THE RIGHTS ENUMERATED IN SUBSECTION 1 OR 2 BY A GUARDIAN IS CAUSE FOR REMOVAL OF THE GUARDIAN IN A PROCEEDING UNDER SEC. 700.5310(2).

(6) IF THE COURT FINDS A GUARDIAN TO HAVE VIOLATED THE RIGHTS ENUMERATED IN SUBSECTION (1) OR (2), THE COURT SHALL CONSIDER WHETHER THE GUARDIAN HAS VIOLATED THE RIGHTS OF ANY OTHER INDIVIDUALS FOR WHOM THE GUARDIAN SERVES IN THAT CAPACITY. THE COURT SHALL THEREUPON TAKE APPROPRIATE ACTION, WHICH MAY INCLUDE REMOVING THE GUARDIAN AS GUARDIAN FOR OTHER INDIVIDUALS AND PROHIBITING THE GUARDIAN FROM BEING APPOINTED AS GUARDIAN IN THE FUTURE.

**International Conference
on Self-Determination**
Detroit • May 27-29, 2008

FREEDOM

IS THE RIGHT OF ALL PEOPLE, REGARDLESS OF ONE'S DISABILITY OR NEED FOR SUPPORT



This spring in Detroit, you can help determine the future of Self-Determination



PHOTO COURTESY DOWNTOWN DETROIT PARTNERSHIP

For much of the modern era, the city of Detroit has had a profound impact on our lives. From putting the world on wheels to creation of the Motown sound, Detroit has helped to shape the very fabric of American culture. Today, downtown Detroit is experiencing an urban renaissance unparalleled among big cities in the U.S. Come see the change for yourself, and help formulate

strategies that can make a real difference in achieving a society with true freedom and self-determination for all.

May 27th through the 29th, the Center for Self-Determination is hosting an international conference in Detroit that will go beyond just talking about what a good idea self-determination is. It's designed to create opportunities for in-depth discussions about how people—across disability groups and global boundaries—can learn from each other and work together to make self-determination a priority in our communities and in our lives.

Please plan on participating in this momentous occasion and together we'll make something positive happen.

Some of the Major Participants and Sponsors:

Join these renowned organizations for a unique and exhilarating conference experience. New organizations of note are being added to the list of participants and sponsors every day. For an up-to-date list of sponsors and participants, visit us at **www.self-determination.com**.

- › **Detroit-Wayne County Community Mental Health Agency**
- › **Oakland County Community Mental Health Authority**
- › **Michigan Department of Community Health**
- › **Community Living Services, Inc.**
- › **Michigan Association for Community Mental Health Boards**
- › **Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (scholarships)**
- › **Centers for Medicare and Medicaid Services**
- › **The Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services**

Conference Program

Tuesday, May 27, 2008

Conference Registration, 8:30 am–4 pm

Pre-Conference Concurrent Sessions, 9:00 am–4:00 pm

Session Descriptions:

Income and Asset Development

In-depth forum for helping people, regardless of their disability, have viable income earning opportunities and build financial assets. Highlights: Creating alliances, government and community endeavors, gaining freedom through financial security.

Moderator: Jack Hillyard, Employment Policy Group, University of Iowa

International Communication and Information Sharing

Self-determination stories from around the world and finding ways to streamline information sharing and communication. Highlights: Develop ways to stay informed and making sure information sharing is accessible to all.

Moderator: Barbara Leroy, Ph.D., The Developmental Disabilities Institute, Wayne State University, Detroit; Brian Salisbury, Community Living, British Columbia; Steve Dowson, National Development Team, United Kingdom; Colleen Wieck, Minnesota Governor's Council on Developmental Disabilities; Doug Woollard, Community Living British Columbia; Dan Fisher, The Empowerment Center, MA

Tuesday 4:15 pm–6:30 pm

Welcoming Ceremony and Reception

Wednesday, May 28, 2008

Welcome, Breakfast and Plenary, 8:30–9:30 am

Wednesday Morning Concurrent Sessions, 10:00–11:30 am

Wednesday sessions are composed of cross-disability panels. Members of self-determination efforts in mental health services, the independent living movement, elder services and developmental disabilities services will be represented.

All Sessions continue after lunch.

Session 1A

Systems Change: Changing the Agenda for Human Services and the Control of Public Funding in the United States

Examine critical elements of shifting the human services agenda and the control of funding in U.S. service systems.

Moderators: Bob Kafka, ADAPT; Rebecca Shuman, The Arc of New Mexico

Session 1B

Systems Change: Changing the Agenda for Human Services and the Control of Public Funding — An International Perspective

From an international perspective, explore the movement of shifting the human services agenda and funding control. Confirmed panel members from Australia, the United Kingdom, Canada and Europe.

Moderator: Steve Dowson, National Development Team, UK

Session 1C

Structural Change: Budgets, Allocation Strategies, Fiscal Management, Planning, Brokering, Peer Supports, Coordination

Hear how people are actively working in systems to change how supports are created and organized using the tools of self-determination; individual budgets, independent planning, support coordi-

Conference Program

Wednesday, May 28, 2008 (continued)

nation, brokering, peer supports and independent financial management.

Moderator: Jim Dehem, Community Living Services, MI

Session 1D

Advocacy and Leadership — Strengthening the Movement

Focusing on the commitment to build a global, cross disability coalition, participants will present their findings at the conference's closing session.

Moderators: Dan Fisher, The National Empowerment Center; Marsha Rose Katz, ADAPT, Rural Institute, MT; Bob Liston, ADAPT, Montana Fair Housing

Session 1E

Work Imperative: People Taking Charge of Their Economic Futures With Self-Determination

Learn income earning opportunities and economic security by focusing on meaningful work with real income and career opportunities; self employment/micro enterprise, creative job development/support, building, utilizing social capital and more.

Moderators: David Hammis & Cary Griffin, Griffin-Hammis Associates

Session 1F

Workforce Issues

Learn about Michigan's partnerships with organized labor and SEIU in particular. Discuss how these partnerships can assure people will have qualified and trained staff who can provide the paid support they need to pursue their lives. Focus will be on hiring, training and retaining good workers.

Moderator: Dohn Hoyle, The Arc of Michigan

Session 1G

StoryCorps Interviews and The Power of Your Story

StoryCorps, in partnership with National Public Radio and the American

Folklife Center of the U.S. Library of Congress, inspires people to record stories in sound. While this innovative oral history is taken, mini-workshops and roundtable discussions about "The Power of Your Story," will be held throughout the conference.

Moderators: Pat Carver; Angela Martin; Ray Schuholz; Ann Thomas

Wednesday Luncheon, 12:00–1:30 pm

› *The Centers for Medicare and Medicaid Services (CMS) have made a major commitment to participate in all roundtables and session strands, provide private consultations, and to present at the plenary luncheon with key personnel from Baltimore.*

Wednesday Afternoon Concurrent Sessions, 2:00–3:30 pm

Each session is a continuation of morning session.

Wednesday Evening Concurrent Roundtable, 7:00–8:30 pm

- › *Future of Systems Change: What needs to be done to move forward?*
- › *Creating an Agenda for Cross Disability and Aging Policy Change*
- › *Creating the Structure to Support Self-Determination*
- › *A New View of Competency: Legal and Ethical Issues, Alternatives to Guardianship*
- › *Research and Data: What can we learn? What more needs to be done?*
- › *Families' roles in supporting economic futures for their family members with disabilities*
- › *Assuring Quality: Moving from satisfaction to quality lives*

Conference Program

Thursday, May 29, 2008

Morning Concurrent Sessions 9:30 am–11:30 am

Each session includes an in depth discussion of what is working in self-determination for people who rely on publicly funded supports. Focus on creating a more responsive system of supports that provides opportunities to be in control of the future and support needed to pursue meaningful and productive lives.

Session 4A

Self-Determination in Developmental Disabilities Supports in the U. S.

Moderator: Colleen Wieck Ph.D., Minnesota Governor's Council on Developmental Disabilities

Session 4B

Self-Determination in Developmental Disabilities Supports—An International Perspective *Moderator: Diane Richler, Inclusion International, United Kingdom*

Session 4C

Self-Determination in Mental Health Supports

Moderator: Dan Fisher, National Empowerment Center, USA

Session 4D

Self-Determination in the Independent Living Movement

Moderator: Mike Oxford, Topeka Independent Living Resource Center, KS

Session 4E

Self-Determination in Elder Supports

Moderators: Dennis Harkins, A Simpler Way, WI; Eli Cohen, Community Services System, PA; Terry Lynch Strategies for Independent Aging, WI

Thursday 12:00–3:00 pm Luncheon & Closing Plenary

Wrap Up from Sessions 12:00–3:00 pm

Where do we go from here to make it happen?

Some of our esteemed speakers will deliver reports from their respective sessions, including a report from the Advocacy and Leadership session. Participants will share stories, identify progress and articulate promising strategies. The conference will conclude with a vision for where we go from here to make self-determination a reality for everyone.

Hotel Accommodations and General Information

Hotel

By staying at the spectacular **Detroit Marriott at the Renaissance Center**, you will rise above the conventional and overlook the Detroit River and Windsor, Canada. There's something for everyone in this contemporary, luxury hotel. Great for rolling up your sleeves and getting down to business—all while enjoying commanding views and sophisticated décor. The Renaissance Center has shops, restaurants (fast to fancy) and other fine features, all on the riverfront.



Great Rate!! Marriott room rates for single and double are \$115 plus tax. Conference attendees are responsible for making their own reservations online, or call 800-228-9290 and **mention the International Conference on Self-Determination**. Accessible

rooms have been reserved at the Marriott. For other accessible information, contact Susan Fitzmarice at susanfitzm@gmail.com.

Interested in Exhibiting?

Exhibitors interested in an exhibition and/or demonstration booth may contact Elaine Taverna at 734-722-6035, or etaverna@comlivserv.com.

Community Living Services

35425 W. Michigan Avenue
Wayne, Michigan 48184



For accessibility information, email Susan Fitzmaurice at susanfitzm@gmail.com

For the latest, most up-to-date conference information visit:

www.self-determination.com

Continuing Education Credits: The Michigan Association of Community Mental Health Boards has requested approval to offer Social Work CEUs. The approval is pending. Please check **www.self-determinaton.com**, or click on ICSD logo for updates.



StoryCorps is an American non-profit organization, whose goal is to instruct and inspire people to record one another's stories in sound. They will be conducting pre-arranged interviews. If you've got a story to tell and are interested in arranging an interview, call 810-231-6364.



This conference with important international perspectives is being presented by the Center for Self-Determination.

International Conference on Self-Determination Registration Form

The full conference fee provides you with a program packet, workshops, two breakfasts, two lunches, opening reception and all breaks.

	Rates per person		Discount
	Early Bird	After 5/1/08	
Full Conference	\$275	\$350	10% for 5 or more
Pre Conference 5/27	\$75	\$100	20% for 10 or more

THREE EASY WAYS TO REGISTER:

- REGISTER ONLINE at www.self-determination.com (or simply click link)
- FAX THIS COMPLETED FORM to : 517-374-1053
- MAIL THIS COMPLETED FORM to: MACMHB, 426 S. Walnut St., Lansing, MI 48933

REMEMBER, EARLY BIRD DEADLINE IS MAY 1, 2008

Cancellation Policy: Substitutions are permitted at any time. Cancellations must be received in writing at least 10 business days prior to the conference for a full refund less a \$25 administrative fee. If cancellation is received less than 10 business days prior to the conference, no refund will be given.

Please check conference attendance:

- ☐ Full Conference ☐ Pre-Conference Tuesday May 27, 2008

Please check meals you plan to attend (meals included with registration):

- ☐ Tuesday Reception ☐ Wednesday Breakfast Wednesday Lunch
☐ Thursday Breakfast ☐ Thursday Lunch

The special conference rate for Personal Assistants is \$125 (covers food & beverage only).

My Personal Assistant is (name) _____

Disability accommodations (including dietary and alternative format) will be provided when written requests are received by 10 business days prior to the conference. Clearly state your specific needs below. On-site requests will be attempted, but cannot be guaranteed.

Name as printed on badge: _____

Agency: _____

Address: _____

City: _____ St: _____ Country: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

In Case Of Emergency during conference, please contact:

Name _____

Daytime Phone: _____ Evening Phone: _____

PAYMENT METHOD

Payment MUST accompany registration form. Please note: confirmation letters will NOT be sent. If you require confirmation, please contact Annette Pepper at aeppepper@macmhb.org or phone 517-374-6848.

- ☐ Check enclosed (payable to MACMHB) ☐ Purchase Order (attached)

Charge to:

- ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Number: _____ - _____ - _____ - _____

Exp Date: _____ / _____

Signature: _____ Cardholder Phone #: _____

REGISTRATION QUESTIONS? CALL MACMHB (517) 374-6848